

Application No.: 09/417,507

Please charge Deposit Account No. 501040 for the following fees:

<input checked="" type="checkbox"/> Petition for four (4) month Extension of Time	\$ 1590.00
<input type="checkbox"/> Amendment Fee	\$
<input checked="" type="checkbox"/> Other Fees:	
Request for Continued Examination	\$ 790.00
	\$
<hr/>	
TOTAL:	\$ 2380.00

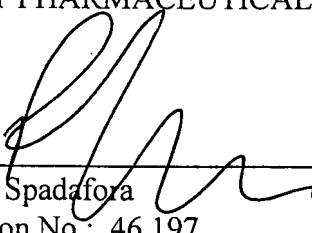
A check is enclosed in payment of the following fees:

<input type="checkbox"/> Petition for [            ] month Extension of Time	\$
<input type="checkbox"/> Amendment Fee	\$
<input type="checkbox"/> Other Fees:	
	\$
	\$
<hr/>	
TOTAL:	\$ 0

☒ A general authorization is hereby granted to charge Deposit Account No. 501040 for any fees required under 37 C.F.R. 1.16 and 1.17 in order to maintain pendency of this application. A copy of this authorization is enclosed for accounting purposes.

Respectfully submitted,

OSCIENT PHARMACEUTICALS CORPORATION

By   
Robert L. Spadafora  
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Facsimile: (781) 398-2530

Waltham, Massachusetts 02451

Dated:

4/19/07